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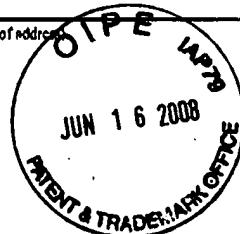
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Mary L. Smith	(Depositor's Name)
<i>Mary L. Smith</i>	(Signature)
<i>Junes 16, 2008</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/815,343	04/01/2004	Dony Felix Maria Michicis	9292	8286

TITLE OF INVENTION: COMPOSITE ARTICLE AND ITS MANUFACTURE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	08/14/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
CROUSE, BRETT ALAN	1794	428-292100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>Cheryl J. Brickey</u> 2 _____ 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Milliken & Company

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Spartanburg, South Carolina, USA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 04-05000 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

6/16/08

Typed or printed name

Cheryl J. Brickey

Registration No.

56,891

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Fax

Mail Stop ISSUE FEE		From:	Cheryl J. Brickey
To:	Commissioner for Patents		Agent for Applicants
	P.O. Box 1450		Registration No. 56,891
Alexandria, VA 22313-1450			
Fax:	571-273-2885	Fax:	(864) 503-1999
Phone:		Phone:	(864) 503-1540
Subject: Application of Dany F. Michiels Serial Number: 10/815,343 Filed: April 01, 2004 Group Art Unit: 1794 Case No.: 9292 U.S. PTO Customer No. 25280			
Copies:	Pages: 2, including cover		
Date: Monday, June 16, 2008			

Comments:

This transmittal contains:

- Issue Fee and Publication Fee form: 1 page

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